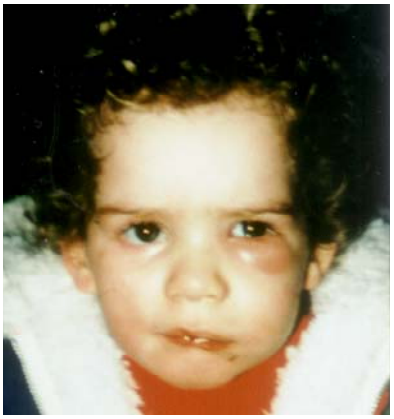
Child and Adolescent Oral Health Issues

"A silent epidemic of oral diseases is affecting our most vulnerable citizens—children from families with low incomes, children from racial and ethnic minority groups, and children with special health care needs. No child should suffer the stigma of craniofacial birth defects nor be found unable to concentrate because of the pain of untreated oral infections."[1]

—Richard H. Carmona, M.D., M.P.H., F.A.C.S., U.S. Surgeon General



Access to Care

The need for oral health care is the most prevalent unmet health care need among children and adolescents.[2]

Children and adolescents without health insurance are four times more likely than those with private health insurance to have unmet oral health care needs (20 percent vs. 5 percent, respectively).[3]

Hispanic children and adolescents are almost twice as likely as non-Hispanic white children and adolescents to have had no contact with an oral health professional in the past 2 or more years.[3]

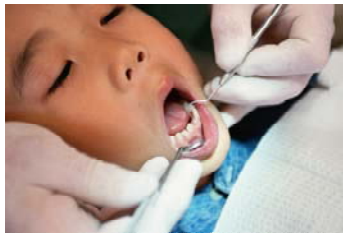
Children and Adolescents with Special Health Care Needs

The need for oral health care is the most prevalent unmet health care need among children and adolescents with special health care needs, just as it is for all children and adolescents.[4]

More than half of U.S. dental schools provide students with less than 5 hours of classroom instruction and less than 5 percent of clinical time devoted to this population.[5]

Hands-on educational experiences in dental school significantly impact dentists' perception of barriers to care for children and adolescents with special health care needs.[6]

Dental Caries



Among children ages 2 through 5 from families with incomes at or below the federal poverty level, the amount of dental caries in the primary teeth remained unchanged from the early 1970s to the early 1990s.[7]

Although more than 90 percent of general dentists provide care to children and adolescents, very few provide care to children under age 4, children and adolescents with high levels of dental caries, and children and adolescents covered by Medicaid.[8]

Among children and adolescents from families with low incomes, nearly 80 percent of decayed primary teeth have not been restored in children ages 2 through 5, and almost 50 percent of decayed primary and permanent teeth have not been restored in children and adolescents ages 6 through 14.[9]

Dental Sealants

Pit and fissure dental sealants are effective in the primary prevention of dental caries, and they remain effective over time as long as they are maintained.[10]

Only 12 percent of children and adolescents (ages 6 through 14) living at or below the federal poverty level have at least one dental sealant—roughly one-third of the percentage of children and adolescents in families with higher incomes.[11]

Direct delivery of dental sealants to children and adolescents in school-based or school-linked settings reduces dental caries among children and adolescents by 60 percent.[12]

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Fluorides

Water remains the most equitable and cost-effective method of delivering fluoride to community members, regardless of their age, educational attainment, or income level.[13]

Community water fluoridation decreases tooth decay by 29 to 51 percent in children and adolescents (ages 4 through 17).[12]

Other fluoride-containing products such as fluoride drops and tablets may be important in communities where water is not fluoridated.[14]

Injury and Violence

By age 16, 35 percent of children and adolescents will have sustained dental trauma at least once.[15]

Head, face, and neck injuries occur in more than half of the cases of child abuse.[16] Health professionals are in a unique position to recognize child abuse and neglect.

Used during sports, mouth guards offer a substantial degree of protection to the teeth and oral soft tissues and also protect children and adolescents from concussion.[17]

Tobacco

The association between tobacco use and oral diseases has been clearly delineated in every Surgeon General's report on tobacco since 1964. Accumulating evidence shows that maternal tobacco use is associated with congenital disabilities such as cleft palate and cleft lips.[18]

Although the prevalence of tobacco use among students in grades 9 through 12 has decreased since 1999, 28 percent of students in this age group currently use some form of tobacco products (e.g., cigarettes, spit tobacco, cigars). Within this age group, 15 percent of non-Hispanic black students, 18 percent of Hispanic students, and 25 percent of non-Hispanic white students smoke cigarettes.[19]

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